

Tippecanoe County Forensic Diversion Program



Participation Handbook

Welcome to the Tippecanoe County Forensic Diversion Program. This Handbook is designed to answer your questions and provide information about the Forensic Diversion Program.

This program is designed to be an alternative to prison allowing participants to access intensive treatment, services and supervision in hopes of breaking the cycle of addiction and crime in Tippecanoe County. As a participant, you will be expected to follow very strict explicit and implicit rules and instructions given in the program by the Presiding Judge. It is expected that you will fully comply with the treatment plan developed by you, the Forensic Diversion Coordinator and the FD Team.

This Handbook tells you the high expectations the Forensic Diversion Program places upon you as a participant. You should share this information with your attorney, family, friends, employer, or anyone else that is impacted by your participation in this program.

A dedicated team is ready to support you with your program goals and recovery. Our intent is for you to successfully complete the program as a productive member of society with the resources and education to lead a life of recovery. We look forward to working with you as you begin the Forensic Diversion Program.

Overview of the Program

The Forensic Diversion Program is a collaborative effort among Tippecanoe County Courts, Tippecanoe County Community Corrections, Local Treatment Agencies, Probation, Purdue Health Care Advocates (HCA), and others. By working together, they seek to provide a strong, consistent program geared toward supporting and helping you maintain a substance-free, crime-free life. Forensic Diversion involves frequent court appearances, random drug testing, check-ins, support group participation, case management, and individual as well as group counseling. The Forensic Diversion rewards successful participation and imposes sanctions for noncompliance.

Who is on the Forensic Diversion Team?

The Forensic Diversion Team makes the decisions regarding your participation in the program with input from all of the members. In addition to Judge Williams from Tippecanoe County Superior Court I, the Forensic Diversion Team consists of, but is not limited to:

- ★ Tippecanoe County Community Corrections
- ★ Tippecanoe County Probation
- ★ Tippecanoe County Jail
- ★ Purdue University Health Care Advocate
- ★ Local Mental Health Agency
- ★ Law Enforcement Representative

About the program

The Forensic Diversion Program was started in Tippecanoe County in February 2005. The Forensic Diversion program is a voluntary program available to non-violent, felony cases, individuals struggling with addiction, and individuals with some co-occurring mental health disorders. Eligible offenders participate in an intense, phase based treatment program that includes therapy, drug and alcohol treatment and/or education classes, random and frequent drug testing, support group meetings, regular court sessions, employment goals, career exploration, curfews, random and unannounced home visits, and cognitive based classes.

There are two tracks to the Forensic Diversion Program. Track I is a 3-year program, while Track II is 18-months to 2-years in length. Specifications of each Track begin on page 7.

Program Benefits

The benefits for participation include: case management, therapy/counseling, drug and alcohol treatment and education, career testing, referral to other community resources according to your specific needs, and recovery. If you choose not to participate, or if you are not accepted to the Forensic Diversion, your case will be prosecuted in the usual manner.

Fees

Participants will be required to pay a \$500.00 program fee and an additional reporting fee each day according to the phase the participant is on.

Track I: Phase 1 fees are \$6.00/day, Phase 2 fees are \$5.00/day, and Phase 3 fees are \$4.00/day. There are no daily fees for Phases 4 or 5, but there is a \$100 fee upon entry into each phase. The total fees accrued will be approximately \$2230.00 for Phases 1-5 (including program fee). Forensic Diversion fees are payable at Tippecanoe County Community Corrections.

Track II: Pre-phase and Phase 1 fees are \$6.00/day, Phase 2 fees are \$5.00/day, and Phase 3 fees are \$4.00/day. There are no daily fees for Phases 4, but there is a \$200 fee upon entry. The total fees accrued will be approximately \$2464.00 for Phases 1-4 (including program fee). Forensic Diversion fees are payable at Tippecanoe County Community Corrections.

Additional fees may also be accrued for Work Release (\$14/day) or Home Detention (minimum \$10/day).

Drug Screens (minimum of \$15 each) are done at Total Court Services which is located in the Tippecanoe County Community Corrections building.

Other fees you may incur for services are determined by the agency where you receive your services (therapy, GED exam, etc). Payment of fees is a program requirement just as attendance and participation at service providers and abstinence from drugs and alcohol are requirements. **All program and court fees must be paid in full prior to graduation from the program.**

The Forensic Diversion Team understands that these fees may cause financial stress in your life but these fees are used to benefit your recovery and provide treatment and services to you and fellow participants. Without these fees, this program would not exist. Work with the Forensic Diversion Coordinator to develop and follow a personal budget that will assist you in paying all your debts.

Application to the Forensic Diversion

For more information on the Program, please contact Melanie K. Red Elk, the Forensic Diversion Coordinator, at 765-742-1279 ext 2816, located at Tippecanoe County Community Corrections.

The Forensic Diversion Program is docketed in Tippecanoe Superior Court No. 1. Judge Randy Williams presides. Forensic Diversion is in session each Monday from 12:45 p.m. to 1:30 p.m. in the Superior 1 courtroom.

Goals and Objectives

- To improve the quality of life of clients, the client's family members, and the public by reducing the frequency and severity of substance abuse by clients.
- To improve public safety by reducing alcohol and drug related criminal activity and deviant behavior.
- To provide a cost efficient alternative to incarceration for non-violent, substance or addicted individuals, and/or clients with a mental illness.
- To provide necessary treatment to deal with client's addiction and/or mental illness.
- To collaborate with community agencies to develop a systematic approach to working with substance abusing or addicted clients as well as any mental illness.
- To provide eligible clients with a timely, appropriate diagnostic evaluation and assessment, for the purpose of providing them with an individual and effective treatment plan.
- To provide eligible clients early and affordable access to a full continuum of substance abuse services including detoxification, residential services, outpatient services, supportive living programs, support groups, and relapse prevention.
- To identify other needs of the Forensic Diversion client including medical and dental treatment, educational services, affordable housing, and job placement; referring them to appropriate service providers.
- To provide a continuum of care and management of a client's case which meet both the treatment system requirements and the criminal justice system requirements by focusing on the legal compliance of the client with their individualized treatment plans.

Statutory Authority

The statutory authority for the operation of the Forensic Diversion Program is found in Indiana Code 11-12-3.7 *et seq.*

Eligibility Criteria

A person *does not have the right* to participate in the Forensic Diversion program.

Offenders who may be eligible for diversion to the treatment-based Forensic Diversion program are non-violent adult men and women (age 18 and older) charged with an offense that may include but not limited to the following:

- Possession of a Controlled Substance
- Possession of Cocaine or Narcotic Drug
- Possession of Marijuana >30 grams
- Theft
- Attempting to Obtain a Controlled Substance by Fraud or Deceit
- Forgery
- Burglary as a Class B Felony
- Prostitution, Class D Felony
- Possession of Paraphernalia
- Misdemeanor cases are also acceptable
- Habitual Substance Offenses

Applicants must not possess any of the following characteristics:

- No current or pending convictions for dealing in substances
- No prior convictions or pending charges for any of the following:
 - Any “crime of violence: as defined by Indiana Code 11-12-3.7 et.seq. and 35-50-1-2 (i.e. murder; attempted murder; voluntary manslaughter; involuntary manslaughter; reckless homicide; aggravated battery; battery as a class A, B, or C felony; kidnapping; A sex crime listed in Indiana Code Section 35-42-4-1 through 35-42-4-8 that is a class A, B, or C felony; sexual misconduct with a minor as a class A or B felony; incest; robbery as a class A or B felony; Burglary as a class A or B felony; carjacking; assisting a criminal as a class C felony; Escape as a class B or C felony; trafficking with an inmate as a C felony; causing death when operating a motor vehicle; criminal confinement as a class B felony; Arson as a class A or B felony; possession, use, or manufacture of a weapon of mass destruction; terroristic mischief as a class B felony; hijacking or disrupting an aircraft; a violation of Indiana Code Section 35-47.5 as a class A or B felony; a crime that is substantially similar to any of the above; and any other crimes evidencing a propensity or history of violence)
- No history of firearm violence
- No prior convictions for forcible felonies as defined in Indiana Code Section 35-41-1-11.
- No prior charges filed for criminal recklessness with a deadly weapon
- No pending charges, open warrants or holds
- No prior convictions for domestic violence related offenses or felony battery.

Other factors taken into consideration are:

- Willingness to comply with court ordered drug treatment services
- Ability to physically participate in treatment activities (within guidelines of the American Disabilities Act)
- Must meet clinical criteria for substance abuse or dependence
- History of chronic mental illness, instability, or suicidal behavior

Confidentiality

As a participant of the Forensic Diversion Program, you will also be involved with counseling and or therapy and Case Management with a local treatment facility. HIPAA laws as well as CFR42 require that your privacy be protected. In response to these regulations, you will be required to sign Authorizations for Release of Information to allow the team to interact with others regarding your progress. This disclosure of information is for the purpose of maintaining communication throughout the team.

Team Meetings and Progress Reports

Before each court appearance, the Forensic Diversion Team will be given a status report discussing your drug test results, attendance, participation and cooperation in the treatment program, employment, and other requirements of your case plan. Incentives and sanctions will be delivered to keep you accountable to your case plan. All incentives or sanctions are the decision of the Forensic Diversion Team.

Forensic Diversion Appearances

As a Forensic Diversion participant, you will be required to appear in Tippecanoe County Superior Court I on a regular basis. The number of times you must appear depends upon the individualized phase of the program you are currently in. If you have questions about your court appearances you should contact your Forensic Diversion Coordinator immediately.

Tracks and Phases of the Forensic Diversion Program

There are two Tracks to the Forensic Diversion program. Within each Track of the program, there are different stages, or Phases, that you progress through.

Each phase has a unique goal for you to accomplish. Phases vary in duration for each unique participant, depending on needs and how well a participant progresses through a phase. *Reaching the estimated time limit of each phase does not guarantee movement to the next phase.*

A participant must successfully complete each phase before moving to the next phase. Advancement from one phase to the next is not automatic and will be determined upon your application, the Forensic Diversion Coordinator's recommendation, team's approval and a law enforcement interview.

Forensic Diversion Program

Tracks and Phases are listed below:

(Phase requirements may differ based on individualized treatment plans)

FD Program: Track I

Phase 1: Engage in the Treatment Process

- Assessment, Detoxification, Education, and Stabilization
- Minimum of 90 days - Depending upon participant progress
 - Intake and orientation with Forensic Diversion Coordinator
 - Establish treatment plan and budget
 - Review FD rules and participation agreement
 - Treatment, as deemed appropriate
 - Case management, as needed
 - Daily 12-step meetings
 - Substance abuse evaluation and follow-up as directed
 - May include detoxification, inpatient treatment or intensive outpatient (IOP) as determined by treatment plan
 - Obtain Sponsor within 30 days and begin meeting with Sponsor 1x per week
 - I need to have a sponsor by ____/____/____
 - Complete steps 1-3
 - Court appearances weekly
 - Daily Check-ins at TCCC
 - Meeting with FD coordinator 1x per week
 - Turn in weekly packet
 - Establish a Home Group within 3 weeks and attend weekly
 - I need to have a home group by ____/____/____
 - At least two (2) Random Drug Screens weekly or as determined necessary by the FD coordinator and approved by the FD team
 - Random home visits
 - Obtain and maintain employment
 - 9:00pm curfew and no overnight stay unless approved by team
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Complete Phase move interview
 - Complete Phase move application

Phase 2: Gain the Tools for a Constructive Lifestyle

- Therapy Focused
 - Minimum of 90 days - Depending upon participant progress
 - Attend 12-step meetings 5 days/week
 - **Continued** treatment, as deemed appropriate by team
 - Meet with sponsor 1x per week
 - Complete Steps 4 and 5
 - Be active in Home Group
 - Begin volunteer work as determined by your case plan
 - Court appearances weekly
 - Daily check-ins at TCCC as instructed
 - Meeting with FD Coordinator 1x per week
 - Turn in weekly packet as instructed
 - At least two (2) Random Drug Screens weekly or as determined necessary by the FD coordinator
 - Random Home Visits
 - Maintain employment
 - 10:00pm curfew and overnight stays as approved by the FD coordinator
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Begin Thinking for a Change Class if available
 - Complete Phase move interview
 - Complete Phase move application
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To be eligible for Track II :

- Participant must have completed at least 6 months of the program (completed Phase 2)
- No violations within 4 weeks of transitioning to Track II
- Participant must be invested in treatment and invested in the 12 step program
- Participant must be openly communicating with ALL members of the Forensic Diversion team
- Participant must have less than \$200 in fees owed
- Track II application completed and submitted
- Completed transition interview
- Zero failed drug screens, breathalizers, and dilute drug screen
- Participant must have completed Step 5
- Participant must have at least 3 months of stable employment and or social security/disability
- Participant must have explored GED options and formulated a plan

Must have completed all requirements pertaining to all completed phases of the Forensic Diversion program and Forensic Diversion rules

All decisions are at made at the discretion of the Forensic Diversion team

Phase 3: Relapse Prevention

- Educational
- Minimum of 180 days - Depending on participant progress
 - Attend 12-step meetings 4 days/week
 - Meet with Sponsor 1x per week
 - Complete steps 6, 7, and 8
 - Continue volunteer work as directed by your case plan
 - Court appearances every two weeks or as scheduled by the FD coordinator
 - Daily check-ins at TCCC as instructed
 - Meeting with FD coordinator as needed
 - Turn in weekly packet as instructed
 - Treatment, as deemed appropriate by team
 - Random drug screens
 - Random home visits
 - Maintain employment
 - 10:00pm curfew with overnight stays as approved by the FD coordinator
 - Have cell phone at all times; respond to FD calls within 20 minutes
 - Complete Thinking for a Change Class if available
 - Be active in Home Group
 - Complete Phase move interview
 - Complete Phase move application

Phase 4: Establish Your Rightful Place in Society

- Aftercare and Maintenance
- Minimum of 180 days - Depending on participant progress
 - Attend 12-step meetings 3x/week
 - Maintain contact with sponsor weekly
 - Complete Steps 9-12
 - Continue volunteer work as directed by your case plan
 - Court appearances once every 3 weeks
 - Check-ins at TCCC as instructed
 - Report to FD Coordinator as directed
 - Turn in weekly packet as instructed
 - Random Drug Screens
 - Random home visits
 - 11:00pm curfew with overnight stays as approved by the FD coordinator
 - Achieve and maintain independent living
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Treatment, as deemed appropriate
 - Be active in Home Group
 - Sponsor Status Sheets due to FD Coordinator monthly or as instructed
 - Register to vote
 - Maintain stable employment
 - Complete Phase move interview
 - Complete Phase move application

Phase 5: Supporting a long term change in behavior and beliefs

- Continued Support
- Minimum of 180 days - Depending on participant progress
 - Report to FD coordinator as directed
 - Check-ins at TCCC as instructed
 - Treatment, as deemed appropriate
 - Attend two 12-step meetings/week
 - Institute and practice Steps 1-12 in your daily life
 - Maintain contact with sponsor weekly
 - Be active in Home Group
 - Sponsor Status Sheets due to the FD Coordinator monthly or as directed
 - Turn in Weekly Packet as instructed
 - Random Drug Screens
 - Random home visits
 - Court appearances every month
 - 12:00am curfew with overnight stays as approved by FD Coordinator
 - Maintain independent living
 - Continue volunteer work as directed by your case plan
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Register to vote
 - Maintain stable employment
 - Mentor/Sponsorship/Peer Education
 - Complete Graduation Interview
 - Complete Forensic Diversion Survey
 - Complete Graduation application
 - **All fees must be paid IN FULL prior to completion of this phase**

FD Program: Track II

Pre-Phase: Welcome to Forensic Diversion

- Assessment and Orientation
- Minimum 14 days
 - Intake and orientation with Forensic Diversion Coordinator on Day 1 of FD Program
 - Establish treatment/case plan and budget
 - Complete IRAS assessment
 - Review FD rules/participation agreement
 - Participant will be placed in:
 - Work Release if transitioning from TCJ
 - HWH if coming from independent living
 - Other _____
 - Obtain a sponsor within 30 days
 - I need to have a sponsor by ____/____/____
 - Establish a Home Group within 3 weeks
 - I need to have a Home Group by ____/____/____

Phase 1: Engage in the Treatment Process

- Detoxification, Education, and Stabilization
- Minimum 60 days
 - Attend Daily 12-step meetings
 - IOP treatment (48 sessions to complete; Usually 3 sessions/wk, could be less/wk depending on participant's schedule)
 - Obtain Sponsor within 2 weeks & Begin meeting with sponsor 1x per week
 - Obtain a Home Group within 1 week
 - Complete Steps 1 and 2
 - Community Service (2 hours/month)
 - Court Appearances weekly
 - Daily Check-ins at TCCC
 - Meeting with FD Coordinator 1x per week
 - Turn in Weekly packet
 - At least two (2) Random Drug Screens weekly or as determined necessary by the FD Coordinator and approved by the team
 - Random Home Visits
 - Obtain and Maintain Full-time (30 hrs/week) Employment within 30 days.
 - Enroll in GED if applicable
 - 9:00pm curfew
 - Establish Housing & Maintain
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Remain on House Arrest if applicable
 - Complete Phase move application
 - Complete Phase Move Interview

Phase 2: Gain the Tools for a Constructive Lifestyle

- Therapy focused
- Minimum 120 days
 - Attend 12-step meetings 5 days/week
 - IOP treatment (Should be able to complete all 48 sessions by end of Phase 2. Takes 4-6 months to complete)
 - Meet with Sponsor 1x per week
 - Complete Steps 3 and 4
 - Be active in Home Group
 - Community Service (6 hours/month)
 - Court Appearances weekly
 - 5x per week check-ins at TCCC
 - Meeting with FD Coordinator 1x per week
 - Turn Weekly packet in
 - At least two (2) Random Drug Screens weekly or as determined necessary by the Forensic Diversion Coordinator and approved by the FD team
 - Random Home Visits
 - Maintain Employment 30 hrs per week
 - Enrolled and pursuing GED if applicable
 - 10:00 pm curfew
 - Maintain Housing
 - Have cell phone in your possession at all times; respond to FD calls within 20 minutes
 - Begin Thinking for a Change Class If Available
 - Remain on House Arrest if applicable
 - Complete Phase move application
 - Complete Phase Move Interview

Phase 3: Relapse Prevention

- Educational
- Minimum 180 days
 - 12-step meetings 4 days/week
 - Meet with Sponsor 1x per week
 - Complete Steps 5, 6, 7, and 8
 - Community Service (6 hours/month)
 - Court Appearances every two weeks or as scheduled by the FD coordinator
 - 4x per week check-ins at TCCC
 - Meeting with FD Coordinator as needed
 - Turn Weekly packet in as directed
 - At least 1 drug screen per week
 - Random Home Visits
 - Finish GED if applicable
 - Maintain Employment 30 hrs per week
 - 10:00 pm curfew
 - Maintain Housing
 - Have Cell phone at all times and call back within 20 mins.
 - Thinking for a Change Class if Available
 - Mentor new participants
 - Complete Phase move application
 - Complete Phase Move Interview

Phase 4: Supporting a Long-term Change in Behavior and Beliefs

- Continued Support
- Minimum 180 days
 - 12-step meetings 2-3 days/week
 - Keep in Contact with Sponsor 1x per week
 - Complete steps 9, 10, 11, and 12 before graduation
 - Community Service (4 hours/month)
 - Court Appearances monthly
 - 2x per week check-ins at TCCC, then transition to 1x per month
 - Meeting with FD Coordinator as needed
 - Turn in Weekly packet as instructed
 - At least 2 drug screens per month
 - Random home visits
 - 10:30 pm curfew, then transition to curfew of midnight
 - Maintain Housing
 - Have Cell Phone at all times and call back within 20 mins.
 - Formulate Lifestyle Checklist for After Graduation, Budget for After Graduation, Treatment Plans for After Graduation
 - Attend IOP Alumni Group monthly
 - Mentor new FD participants
 - Fees must be paid in full before completion of this phase
 - Complete Graduation Interview
 - Complete Graduation paperwork/application

Sanctions and Modification of Program

1. Violation of the requirements and rules may result in the Forensic Diversion Program modifying your program and imposing sanctions.
2. You shall comply with sanctions that are imposed.
3. You shall pay the fees of any program used as a sanction.
4. If you are found to be: A) under the influence of, in possession of, or having ingested a controlled substance or legend drug without permission of the Program or contrary to law, B) in possession of materials to be used to alter, disguise, conceal or falsify a drug screen, or C) if you give a Breathalyzer test resulting in a positive result for the presence of alcohol, sanctions *will* be imposed, including jail. The Forensic Diversion Program may increase the sanction upon your next court appearance, or you may be removed from the program after a hearing before the Presiding Judge.
5. If you do not report for daily check-in, treatment appointments, or any other activity assigned to you by the Forensic Diversion Program, you can be charged with the crime of escape under Indiana Code 35-44-3.5.
6. Evidence regarding any Forensic Diversion violation shall be admissible in court and will be used against you in any violation proceedings and other prosecutions.
7. In the event you fail to make satisfactory progress in the Program for a period of time up to six (6) months or longer, at the discretion of the team, you may be terminated from the Forensic Diversion Program with the option that you be permitted to re-apply into the Program after the passage of twelve (12) months from the date of termination. A significant factor for readmission would be your participation in any and all mental illness and addictions counseling, therapy, and programs that are available through the Indiana Department of Corrections.
8. Should you be terminated from the Forensic Diversion program for any reason, you agree to abide by the factual findings and final decision of the Forensic Diversion team and waive any due process hearing, and understand that your case shall then be returned to the originating court for sentencing.
9. Should you be recommended for termination from the Forensic Diversion program you have the right to a hearing in Forensic Diversion Court to hear the determination of the Team. You have a right to representation and formal hearing on the violation in the originating court.

TIPPECANOE COUNTY
Forensic Diversion Program

AGREEMENT AND PARTICIPATION RULES
FORENSIC DIVERSION

NAME _____

CAUSE# _____

As a participant in the Tippecanoe County Forensic Diversion Program (FD), you must agree to comply with the following program requirements listed below. Write your initials at the end of each numbered paragraph to indicate that you understand and agree to comply. Furthermore, you agree that you have read, understand, and agree to the above information as well. ()

- 1) **AGREEMENT AND PARTICIPATION RULES:** I understand that if I fail to follow any of the rules listed or any Tippecanoe County Community Corrections (TCCC) rules/regulations, I am in violation, and will be subject to a sanction or termination from FD. ()
- 2) **PRIVILEGE TO PARTICIPATE:** I understand that participation in the Forensic Diversion Program is a privilege and not a right. ()
- 3) **WAIVERS:** As a participant in the Tippecanoe County Forensic Diversion, I must waive certain statutory and/or constitutional rights as stated in the plea agreement and this participation agreement. ()
- 4) **I AGREE:** To put my recovery/program first. I agree to put my recovery and this program before my family and friends. In order to be the person I need and want to be, I have to put my recovery before anything else. ()
- 5) **ASK QUESTIONS:** If I am unsure of anything, I will ask the Forensic Diversion Coordinator or Forensic Diversion Surveillance Officer. I understand that by not asking questions, I could jeopardize myself and my program. Communication is a very important key in my recovery, as well as FD, and I understand this. ()
- 6) **PROGRAM LENGTH:** Program length is determined by FD guidelines and completion of my case plan. The program length is up to thirty-six (36) months in length. Promotion in the program is not guaranteed on the basis of length of participation. Failure to make satisfactory progress in the program may be considered grounds for termination. A graduation will be held once my program has been successfully completed. ()

- 7) **PROGRAM FEES:** Participants will be required to pay a \$500.00 program fee and an additional reporting fee each day according to the phase the participant is on.
- a) Track I: Phase 1 fees are \$6.00/day, Phase 2 fees are \$5.00/day, and Phase 3 fees are \$4.00/day. There are no daily fees for Phases 4 or 5, but there is a \$100 fee upon entry into each phase. The total fees accrued will be approximately \$2230.00 for Phases 1-5 (including program fee). ()
 - b) Track II: Phase 1 fees are \$6.00/day, Phase 2 fees are \$5.00/day, and Phase 3 fees are \$4.00/day. There are no daily fees for Phases 4, but there is a \$200 fee. The total fees accrued will be approximately \$2464.00 for Phases 1-4 (including program fee).
()
 - c) Additional fees may also be accrued for Work Release (\$14/day) or Home Detention (minimum \$10/day). ()
 - d) Drug Screens (minimum of \$15 each) are done at Total Court Services which is located in the Tippecanoe County Community Corrections building. ()
 - e) I am responsible to pay for other things in the FD program including but not limited to: Treatment, Home With Hope, GED Testing, Defensive Driving course, etc. Money that is paid to the program is not refundable unless it is determined that there has been an overpayment. If I quit, or if I am terminated from the program, I am still obligated to pay any unpaid bills I have accumulated while in FD. I am responsible to have all program and associated fees paid in full before I am eligible to successfully complete the FD program. ()
- 8) **GENERAL REQUIREMENTS:** I must attend Forensic Diversion as ordered and scheduled meetings, unless excused by Forensic Diversion Coordinator. I must participate in the FD Program as required by my plea agreement, FD rules, and individualized case plan. I am responsible to have my Support Group meeting sheet, breathalyzer tube, calendar, and approved contact list at all TCCC and court sessions unless otherwise instructed by Forensic Diversion Coordinator. I am responsible to write all scheduled appointments (treatment, court, Daily Reporting, career testing, Financial Fitness, etc.) in the calendar and attend them **on time**. I must reduce my risk factors, and make suitable progress towards controlling my addiction through established individualized case plan requirements. I must be courteous and respectful to the FD Team and related providers, county/courthouse employees, and fellow participants at all times. ()
- 9) **CONTACT WITH Forensic Diversion COORDINATOR:** I understand that I am obligated to stay in contact with Forensic Diversion Coordinator. When I have a scheduled meeting with the FD Coordinator, I need to expect each meeting to last at least one hour. I need to make contact with Forensic Diversion Coordinator if I check into any of the following but not limited to: inpatient program, reside at Home With Hope, other halfway house, or if I am in the Work Release program. I am required to obtain permission from Forensic Diversion Coordinator before taking any Leave Of Absence (LOA's) from the Home with Hope or any agency as pertains to my case. I must obtain approval by the Forensic Diversion Coordinator before missing/cancelling any school or treatment. ()

- 10) CONTACT WITH Forensic Diversion SURVEILLANCE OFFICER:** I understand that I am obligated to call Forensic Diversion Surveillance Officer at 765-337-8038 any time I: buy, lease, or borrow a vehicle that will be at my residence, anytime I leave Tippecanoe County, when I return to Tippecanoe County, and when I miss a 12-Step meeting that listed as one of my weekly meetings, and if I call in sick or if I am unable to attend work, school, or treatment. ()
- 11) INDIVIDUALIZED TREATMENT PLANS:** The FD Evaluation will provide information to establish my individual treatment requirements with Forensic Diversion Coordinator. Ultimately, the FD team will decide if specific requirements must be met or modified and whether I have made acceptable progress. The FD is a treatment program therefore; treatment such as: IOP, Relapse Prevention, Anger Management, group and/or individual therapy, or other approved therapy must exist in each phase of the program. The final decisions about my progress and my continued participation are in the court's sole discretion. I have no right to appeal the court's decisions. You shall sign an individual plan for treatment and participate in the accomplishment of designated goals and objectives. The Presiding Judge and the Forensic Diversion Team shall determine your program from a treatment plan developed by the participant and the treatment team. You shall follow the established requirements and said requirements may be modified from time to time at the discretion of the Forensic Diversion Program ()
- 12) ASSESSMENTS AND THERAPY:** You shall submit to risk assessment, mental health assessments and substance abuse assessment as deemed appropriate. You will be required to participate in mental health therapy and drug addiction therapy, to the extent that they are appropriate. Community Corrections programs such as work release, house arrest and road crew may be required. Transitional housing, residential treatment and rehabilitation placements may be required. ()
- 13) INDEPENDENT LIVING:** When you are allowed to live independently in private housing, the Forensic Diversion Program must approve of the place that you reside and the person or persons with whom you reside. The person(s) with whom you reside shall sign a waiver consenting to his/her/their being tested for drug and alcohol use if requested to do so. You shall not change your place of residence without the consent of the Forensic Diversion Program. You shall be subject to unannounced home, work and school visits by the Forensic Diversion Program staff at any time. At the time my independent residence is established, I understand that I must consent to a search of the premises and must conduct an inventory of all property in the residence. ()
- 14) PERSONAL LIVING ARRANGEMENTS:** You shall not live with any person without the consent of the Forensic Diversion Program. Generally, for the consent to be given, you must have lived independently for a minimum of six months. Independent living means living for six continuous months at the same location, having an income to meet basic living expenses, and showing evidence of pro social relationships and activities and the avoidance of relapse or drug-seeking behaviors. ()

- 15) SANCTIONS:** If I do not fully comply with the program, the Forensic Diversion Coordinator may immediately impose sanctions at their sole discretion until the next FD staffing. I will have to complete the sanctions to continue in the program. The sanctions could include but are not limited to essays, community service, community corrections programs, additional drug treatment, additional check ins, or anything deemed appropriate by Forensic Diversion Coordinator. The judge has the power to impose all of the above sanctions but may impose jail time or program termination. ()
- 16) SELF-TERMINATION:** I understand that I can quit the FD program at any time. However, the judge may insist that I discuss this decision in open court, and my termination may be delayed up to one week to ensure that my decision is final. Self-termination shall be considered a failure to make sufficient progress, and I will be returned to the sentencing court for a lifting of any stay in my sentence. ()
- 17) CREDIT FOR JAIL SANCTION:** If I do not complete the FD program, the originating court will determine the amount of credit time I will receive, if any. ()
- 18) WAIVER OF RIGHT TO REMAIN SILENT AND DUTY TO BE TRUTHFUL:**
I give up my right to remain silent. I agree to fully and HONESTLY participate in the Tippecanoe County FD. For FD to work, I must be truthful about my drug usage. To promote this truthfulness, some *limited* protection is given to me AS TO DRUG OFFENSES ONLY. What I say about my own drug use in open court sessions or otherwise in the program will not be used against me in the prosecution of current or pending charges in the Tippecanoe County Courts. HOWEVER: (a) statements I make outside the program are not protected; (b) statements about the activities of other persons are not protected; and, (c) statements about my participation in crimes other than drug use are not protected. Any false information reported or failing to report information to the Forensic Diversion Coordinator or Team will not be tolerated and will result in a sanction and possible dismissal from the program. ()
- 19) STATEMENTS:** I understand that at any time during my participation in FD, including phase moves, I may be required to give a sworn, recorded statement relating fully my knowledge of criminal activity in which I was not involved regardless of the place it occurred, and regarding the instant offense and any non-forcible offenses that I may have committed in or relating to this county. I will not be prosecuted for any non-forcible offenses to which I admit in the statement, and the statement may be entered into evidence in the sentencing hearing. At the option of the Prosecutor, I may be required to pass a polygraph examination given by an examiner selected by the Prosecutor to demonstrate that I have spoken truthfully in all respects in the statement given under paragraph. In the event you I the polygraph examination, I may be expelled from the Forensic Diversion Program. If I am terminated from the Forensic Diversion program, any clean-up statement given may be used against me at any trial or hearing. ()
- 20) CONFIDENTIAL INFORMANT:** You shall not serve as a confidential informant for any law enforcement agency while you are a participant in the Forensic Diversion Program. ()

- 21) WAIVER OF PRIVACY:** I waive access and disclosure of my entire criminal record, education and work history, family history, and psychiatric and medical information to the Forensic Diversion Team for the purposes of evaluation of my performance on the program and suitability to remain in the program. I have the duty to report any communicable diseases including, but not limited to, AIDS, HIV, and Hepatitis A, B and C, to the Forensic Diversion Team. While program officials will try to avoid unnecessary embarrassment to me, I understand and agree that these things may be discussed in open Forensic Diversion sessions, in treatment sessions, or in other settings related to my participation in the program. I agree to now and in future execute releases to allow the gathering of this information by my Coordinator, and understand that this information will be available to the Team for any Forensic Diversion purposes. I understand that my failure to disclose any of the above information may lead to my termination from the program, and to possible criminal charges against me. ()
- 22) DUTY TO NOTIFY:** BEFORE changing my vehicle, residence, employment, or adding household members (including pets) I must discuss this with Forensic Diversion Coordinator and be granted permission. I must then immediately notify Forensic Diversion Coordinator and Forensic Diversion Surveillance Officer of any of these changes. I must notify Forensic Diversion Coordinator of any legal obligations I have such as court dates, garnishments or otherwise. In addition, I must notify all law enforcement that I may come into contact with; that I am an FD participant, then immediately *report ALL situations I have involving law enforcement to the Forensic Diversion Coordinator and the Forensic Diversion Surveillance Officer* within 24 hours of occurrence. ()
- 23) DUTY TO INFORM (HEALTH CARE):** You shall inform all health providers (doctors, psychiatrists, therapists, pharmacists, nurses, etc.) that you are a recovering addict and are participating in the Forensic Diversion Program that has medication use restrictions. You shall report all doctor, hospital, and clinic appointments to your Coordinator. You shall provide copies of all prescriptions to the FD Coordinator prior to filling. If you are seen in the emergency room, you shall provide a copy of the discharge papers to your FD Coordinator within 24 hours. You shall inform the Health Care Advocate (HCA) team of all prescription and over the counter medications you are using. You shall call the HCA hotline prior to seeking medical attention or self-treatment options, including going to the emergency room. You shall call the HCA hotline prior to filling any prescriptions or buying any over the counter products. You shall not use any controlled substances or illegal drugs while on the Forensic Diversion Program. You shall follow all instructions given to you by the Forensic Diversion HCA . ()
- 24) DOCTOR/HOSPITAL APPOINTMENTS AND USE OF ANY DRUGS:** I understand that all use or possession of illegal or non-prescribed drugs is strictly forbidden and will be addressed with sanction and possible termination of the program. I understand that if I report to the Emergency Room I must notify the Forensic Diversion Surveillance Officer, the Forensic Diversion Coordinator, and Health Care Advocate (HCA). I understand that I must submit my discharge paperwork and Health Care Provider form within 24 hours of my ER visit. Refer to the "Health Care Advocate protocol for medication use in Tippecanoe County Forensic Diversion" on page 25. ()

- 25) LEGAL CONTACTS:** I shall not commit another offense either felony or misdemeanor and will obey all laws, ordinances and regulations of Greater Lafayette, Tippecanoe County, the State of Indiana, and the United States. I must notify the Forensic Diversion Coordinator of any police contacts that include but are not limited to arrests, questioning, and traffic stops. My arrest on or conviction of other criminal charge(s) will result in my sanction or removal from the program. I must notify the Forensic Diversion Coordinator of any civil action brought against me by any court and allow the Forensic Diversion Coordinator to attend any and all Court hearings. My failure to comply with the Legal Contacts policy will result in a sanction that may include termination from the program. ()
- 26) APPROVED CONTACT LIST:** I understand I am required to discuss and disclose all associations (friendships and otherwise). All associations must be approved by the Forensic Diversion Coordinator including ride sharing. I will have in my possession my Approved Contact List at all times that shall be continually updated as new contacts are approved. I shall not associate with anyone, outside of approved Forensic Diversion activities, who is currently on parole, probation, awaiting sentencing, currently incarcerated, or is on any other Community Corrections Program, without the approval of the Forensic Diversion Program ()
- 27) PREGNANCY AND OR CAUSING PREGNANCY:** The FD program exists to assist me in recovery from drug use or addiction and help with any mental illness. It is imperative that I work on myself first, thus I understand that if I become pregnant or cause a pregnancy while in the FD program, this will result in termination from the program upon majority vote of the FD team. Education and resources for family planning are available from the Forensic Diversion Coordinator upon request. ()
- 28) PURCHASES:** BEFORE I purchase any item, service, or enter into any contract with a value of \$100.00 or more I must obtain approval from the Forensic Diversion Coordinator. I must also obtain approval from the Forensic Diversion Coordinator before someone purchases (\$100 or greater) any item or service for you, or enters into any contract for you. ()
- 29) CELL PHONES:** As part of my participation in the FD Program, I am to have a functional cell phone within 2 weeks of beginning the program, unless I am placed in Work Release. Once I am out of Work Release, I am to have a cell phone immediately. In addition, I must immediately inform the Forensic Diversion Coordinator and the Forensic Diversion Surveillance Officer of any changes to cell phone or other contact numbers. I must be **prepared to immediately respond if contacted**. If I fail to respond to a call within **twenty (20) minutes**, it will be considered a violation and a sanction will occur, possibly jail. ()
- 30) CALENDAR:** To assist me in my recovery, I will keep a calendar and update it as needed. I understand that a calendar will assist me in my recovery by ensuring I make it to all my necessary appointments and meetings. I am to have my calendar in my possession at all times. ()
- 31) DRESS CODE:** I understand that I am to be dressed appropriately when reporting for treatment, court, or to see the Forensic Diversion Coordinator. Shorts shorter than fingertip length, halters, sagging pants, **clothes with obscenity or with beer, alcohol, or drug advertisement printed on it** shall not be worn. Shoes and shirts must be worn in the building. If I fail to dress appropriately, I will not be allowed to check in for my daily reporting or participate in meetings or sessions until dressed appropriately. I may also be sanctioned for being dressed inappropriately. ()

- 32) COURT PROCEEDINGS:** The FD court proceedings will be informal. However, I am still expected to be respectful to all staff and individuals in court. Dishonesty shall be a sanctionable offense. I agree to follow the dress code and remove my hat for court sessions. Cell phones shall be turned to silent and gum will not be allowed in court. I am to bring all ordered essays and journaling to court when I appear. I am also responsible to have my Approved Contact List, breathalyzer tube, and Signed Meeting Sheet with me at all times. ()
- 33) WEEKLY PACKET:** Each week I will turn in or show all required items such as (but not limited to): Approved Contact List, breathalyzer tube, debt owed to TCCC or other outside agencies, calendar, cell phone, Health Care Provider Form, pay stub, any receipts, signed Meeting Sheet, Sponsor sheet, Volunteer Sheet, and Weekly Schedule. ()
- 34) WEEKLY SCHEDULE:** Is due with my Weekly Packet. I understand that if something changes on my schedule, I need to immediately communicate with the Forensic Diversion Coordinator or the Forensic Diversion Surveillance Officer. I understand that I cannot cancel ANY appointments or meetings without approval. ()
- 35) WORK RELEASE/HOME DETENTION/(UNTETHERED) HOUSE ARREST:** I understand that while I am in Work Release, on Home Detention, or on (untethered) House Arrest, I am only allowed to go to places that are on my Weekly Schedule and approved by the Forensic Diversion Coordinator or the Forensic Diversion Surveillance Officer. If I go anywhere not listed or approved on my schedule, I will be considered "Out of Bounds", and will be violated and given a sanction or possible termination from the program. I understand that all my meetings and appointments must be on my Weekly Schedule and turned in as instructed to TCCC. I also understand that when I leave any location to go to the next, I must take the MOST DIRECT ROUTE. I may only go to gas stations or through a drive through that is ON THE WAY to my next location. If I fail to follow this, I am subject to a sanction or termination from the program. ()
- 36) DAILY REPORTING:** I understand that I am to check-in at Tippecanoe County Community Corrections (TCCC) the number of times according to the Phase of FD I am on. I understand that when I report to TCCC to check-in, I may be there for up to an hour. To check-in, I must sign my name and document the exact time I was there. I understand that I may be subject to a breathalyzer or drug screen and will be prepared for both. ()
- 37) HOME VISITS:** I understand that I must allow any FD Team members, police agencies which may include K9 units, to enter my residence at any time without prior notice, to search my person and/or residence in order to enforce the rules of the FD. I also understand that if I have a roommate(s), their rooms/belongings/person may also be searched. Searches may be random and without cause, and I understand this and will comply in any way necessary. ()

- 38) SEARCHES:** I consent to a search of my person, residence, place of business, papers and effects and any place over which I have custody or control regardless of whether I share that custody or control with other persons, when conducted by representatives of the Forensic Diversion Program, members of the Forensic Diversion Team, Community Corrections staff, Probation Officers, treatment providers engaged in treatment with me through the Forensic Diversion Program, and law enforcement officers, at any time, without prior notice, and irrespective of whether there is a warrant or reasonable and probable cause to search. I *explicitly waive* any objection to a search of my person, residence, place of business, papers and effects and any place over which I have custody or control regardless of whether I share that custody or control with other persons, on any federal (see #6 below) or State constitutional grounds. I understand that items may be seized under this section. Searches may include the use of police K-9s. All persons in my home at the time of a home visit shall be fully identified. ()
- 39) DISCLOSURE:** I agree to disclose the existence of any internet accounts, including but not limited to email accounts and social networks. I shall provide my user name and password to all such accounts. I further agree to disclose all telephone accounts. I further agree to disclose all bank accounts and account numbers. Failure to make complete disclosure shall be deemed a violation of program rules and will result in a sanction or termination. ()
- 40) MONTHLY STATUS REPORTS FROM COUNSELING AND REVELANT AGENCIES:** I am responsible to ask my therapist and/or counselor for status reports as requested by the Forensic Diversion Coordinator and have the therapist send directly to the Forensic Diversion Coordinator. ()
- 41) EMPLOYMENT/CHECK STUBS:** I shall seek and obtain approved employment or volunteer work as deemed appropriate by the FD Coordinator. When seeking employment, a minimum of five (5) employment applications must be submitted to the FD Coordinator daily. I shall maintain a minimum of 20 hours gainful employment or volunteer work. I shall not change my employment without notifying and receiving approval from the Forensic Diversion Program. I am responsible to provide check stubs to the Forensic Diversion Coordinator for employment and verification of my hours worked. Check stubs will be turned in as I receive them from my employer. My employment shall be approved on a case by case basis. Employment that involves the serving of alcohol, working out of county or self employment must be approved by the FD Team. I understand that if I am fired or released from a job, I must immediately notify the Forensic Diversion Coordinator and the Forensic Diversion Surveillance Officer. I also understand that I may not resign from any job without the approval of FD. ()
- 42) VOLUNTEER WORK:** I understand I am required to complete volunteer work (based on the phase I am on) in my community. I understand that where I complete my volunteer hours must be approved by the Forensic Diversion Coordinator. I understand that I have to have a Volunteer Time Sheet completed each time I volunteer by a Supervisor. My total hours of volunteer work for each month are to be turned into the Forensic Diversion Coordinator the first week of the following month. ()

- 43) NO VIOLENCE:** This program cannot accept persons who have violent offenses, and federal requirements may exclude persons from entering or continuing with the drug court program who have ever been arrested for a violent offense as defined by **11-12-3.7-6**. I have disclosed to the FD all of my previous arrests and convictions. I understand that if I am convicted of a violent offense while in the Forensic Diversion program I will be terminated. ()
- 44) NO ALCOHOL:** I understand that I **cannot possess or consume alcohol in any form** while participating in the Forensic Diversion. I further understand that I am **not to possess or consume** any over the counter (OTC) products that contain alcohol while participating in the Forensic Diversion. I must submit to alcohol tests, that may include breath, blood, urine, hair or any other drug testing requested by the Forensic Diversion Coordinator or Team. I understand that I am prohibited to visit a house of common nuisance or establishment (bar, tavern or liquor store) where the serving of alcoholic beverages is the primary purpose of operations. If I am unsure about visiting a certain location, I can ask the Forensic Diversion Coordinator or Surveillance Officer. ()
- 45) NO ILLEGAL CONTROLLED SUBSTANCES:** I shall not possess or consume any illegal controlled substances. I shall not possess or consume any legal controlled substances or legend drugs without a valid prescription of a doctor or other lawful order issued by a medical practitioner. I shall not possess or consume any alcoholic beverage, or any other food, material or substance that contains (ethyl) alcohol. Any violation of this policy shall result in a sanction, which may include jail or termination from this program. ()
- 46) DRUG SCREENS:** I am required to submit to random drug screens as requested by any designee involved in my case plan or the FD team. **It is my responsibility to be prepared to submit to a drug screen at any office, home or work visit with the Forensic Diversion Coordinator.** Positive drug screen results will be reported to the Forensic Diversion Team and will result in a sanction(s) from the court. Failure to report for, or failure to provide a drug screen, or drug screens that show evidence of tampering or dilution will be treated as a **REFUSAL** to submit to a drug screen. I understand that any positive drug screen for an unapproved drug or positive drug screen for alcohol or if I self-report any use of unapproved drugs or alcohol that this will result in a sanction or possible termination from the FD program. If I am allowed to remain in the program, I will attend a support group meeting where I can obtain a new clean date. ()
- 47) NO WEAPONS OR AMMUNITION:** I shall not possess any handgun, rifle, shotgun, switchblade, or any other type of firearm or deadly weapon, as defined by IC 35-41-1-8. I shall not possession ammunition of any type or caliber. I shall turn over to the court any and all gun permits that have been issued to me. ()
- 48) PHOTOGRAPH:** I agree to have my photograph taken upon admission to the FD program and at intervals determined by the Forensic Diversion Coordinator for my file. ()

- 49) SUPPORT GROUP PROGRAMS/SPONSORS:** I understand that the Forensic Diversion is based on support group programs. My success in the Forensic Diversion depends on my ability and desire to attend or be involved in support programs, obtain a sponsor and home group, and work the support group program. I have to attend each support group meeting **on time** and **remain** at meeting until the meeting's conclusion. I am responsible to have my sponsor status sheet completed by my sponsor and turned in as instructed. I understand that I must meet with my sponsor face-to-face WEEKLY. Acceptable meetings will be approved by the Forensic Diversion Coordinator or the Forensic Diversion Surveillance Officer on an individual basis. I must have my Support Group Meeting Sheet signed at every meeting that I attend. If I falsify the Support Group Meeting Sheet in any way, I understand that a sanction or even termination from the program may be imposed. ()
- 50) TRAVEL:** I understand that out of state or out of county travel **may** be allowed for medical, program treatment, employment, or family reasons. Request for out of state or county travel for more than 24 hours must be made 3 weeks in advance (unless an emergency situation) and must be requested in writing (Forensic Diversion Request Form) to include: address, who I am traveling with, contact information while traveling, mode of transportation, and a written safety plan. Travel out of state or county for less than 24 hours may be authorized by the Forensic Diversion Coordinator. Allowed travel out of state will require written authorization in the form of a Travel Permit issued by an Officer of the Court. Travel permits will be issued by Tippecanoe County Probation Department after FD Team approval. Prior to your departure for approved travel, you **MUST** contact the Forensic Diversion Surveillance Officer at 765-337-8038 to report your departure time and return time. ()
- 51) RELEASE OF INFORMATION:** I agree to complete required assessments as stipulated by the Forensic Diversion Team to develop my case plan. I will also be expected to sign a release of information form for employers, sponsors, mentors, family members, doctors, hospitals, and all agencies that I am referred to by the Forensic Diversion. I agree to sign all authorized releases as requested by my Forensic Diversion Coordinator. Any such information shall not be utilized by the state for any prosecution but may be considered by the court in deciding whether I remain in the Forensic Diversion program. ()
- 52) RIGHT TO COUNSEL:** I can talk to my attorney at any time. If counsel has been appointed for me, I understand I may have to pay for those legal services. If it is determined that I am not indigent, I may lose my appointed counsel at which time I may hire counsel if I wish. I understand that my attorney **may** come to FD but the presence of my attorney is not required. I understand it is my responsibility to ask my attorney to attend FD should I feel his/her services are necessary. ()
- 53) RELEASE AND HOLD HARMLESS:** I do hereby release and forever discharge the complaining witnesses, victim(s), the FD Judge, the Prosecutor, Public Defender, Defense Attorney, Police Department, the FD team, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the FD and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the FD. ()

54) FOLLOW ALL RULES LISTED IN PARTICIPATION: I understand that I am to follow all terms ordered by the court per my plea agreement and all requirements listed in my case plan as well as pay all required fees. ()

55) FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Forensic Diversion requires that I waive very important rights. I have fully discussed my rights with my attorney before agreeing to enter the program. I am satisfied that I understand how the program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the FD Program as established by the court and team. ()

56) THE TERMS AND CONDITIONS: This agreement shall be reviewed at any time by the Forensic Diversion Coordinator and team and I agree to abide by all revisions and/or changes during my participation in Forensic Diversion. ()

I have reviewed the entire Tippecanoe County Forensic Diversion Manual with the Forensic Diversion Coordinator and I understand the rules and expectations as explained in this handbook and I voluntarily agree to participate in the program. I have been given a copy of this manual and agree to keep it while in the program for reference of the FD rules and expectations.

Signature of Participant

Date

Printed Name of Participant

Date of Birth

Signature of Forensic Diversion Coordinator

DATE

Printed Name of Forensic Diversion Coordinator

Health Care Provider Document

Dear Health Care Provider,

I, _____, am a participant in the Tippecanoe County Forensic Diversion Program. During this program I submit to random drug screens. All drug use is closely monitored by the Forensic Diversion Coordinator and the Purdue School of Pharmacy. If I need to take any medication (prescribed, over the counter, or samples) I must report them to the Health Care Advocate Member and the Forensic Diversion Coordinator. **Please sign this form to affirm that I had an appointment and saw you today.** If I receive anything parenterally or orally during this visit, please indicate below what was given. If you have any questions or concerns, please contact the Health Care Advocate Hotline at 765-496-2908. If the Health Care Advocate Member or the Forensic Diversion Coordinator has any questions about this visit, I authorize them to call you and/or your office to discuss your treatment plan.

Thank you for your assistance in my success in this program.

_____	_____
Participant Signature	Date

+++++

This confirms that the above patient was seen in my office today:

_____	_____
Physician or HC provider signature	Date

+++++

The following medications were administered **IN** the office:

<u>Drug, dose, route</u>	<u>Initials of person administering</u>
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+++++

The following medications were prescribed or recommended (patient will make a copy or Rx for the Forensic Diversion Coordinator). Please include OTC products recommended or samples given at the office.

Health Care Advocate (HCA) protocol for medication use in Tippecanoe County FD

The role of the Health Care Advocate member is to provide consultation and education to participants regarding health and safety issues and appropriate use of prescription and over-the-counter (OTC) medications. They will also monitor medication treatment plans and consult on regimens or medications that may interfere with drug court program requirements or procedures.

FD Participants shall call HCA Hotline (765) 496-2908:

- ☐ with questions regarding self treatment of minor symptoms
- ☐ before seeking emergency room medical attention
- ☐ before and after going to physician (including mental health providers) or dentist appointments
- ☐ It is REQUIRED that you contact HCA before filling or taking **ANY** medication either prescribed or over the counter. . This includes refills of prescription medications.
- ☐ If you have a true emergency, seek medical attention immediately then report your medical contact to the Forensic Diversion Coordinator, Surveillance Officer, and Health Care Advocate Hotline.

When seeking medical attention, the participant must inform the health care provider that he/she is in recovery participating in the Forensic Diversion Program and give the health care provider the "Health Care Provider Document." The "Health Care Provider Document" shall be returned to your case manger.

If a prescription is written, drug samples given or an over the counter medication is recommended, the participant must:

1. Call Health Care Advocate with medication information.
2. For approved prescriptions, certain medications specified by Health Care Advocate , will require completion of a Medication Use Log form provided to you.
3. Provide the Forensic Diversion Coordinator with a copy of the prescription BEFORE the prescription is filled. This includes prescription, over the counter medication or samples given in the provider's office.
4. It is REQUIRED that you contact the FD Health Care Advocate (HCA) member prior to starting any medication to ensure your safety and to avoid problems or sanctions due to violations of program guidelines.
5. If any prescribed medication is no longer being used, you must contact the Health Care Advocate Hotline and report this to the Forensic Diversion Coordinator.

Turning in unfilled/unnecessary written prescriptions:: All written prescriptions that are not filled shall be turned in to the Health Care Advocate (HCA) and placed on "HOLD". If at a future date the prescription needs to be filled, the above protocol will be followed.

I have read the above and I understand what is expected of me when seeking medical treatment or consultation. I understand how to use the health care provider document on the previous page.

Signature

Date

Forensic Diversion Coordinator

Date

Confidentiality of Alcohol and Drug Abuse Patient Records

(52 Federal Register 21.810 [1987] 42 C.F.R. S 2.22)

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not disclose to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either against the program or against any person who works for the program, whether a team member or a service provider retained to provide an Forensic Diversion-related service.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-3 for federal laws and 42 CFR part 2 for federal regulations.)

Participant signature

Witness

Date

Date

Form: Waiver and Consent to Search 1

Revised 6-18-04

WAIVER AND CONSENT TO SEARCH

I have been advised of my rights under the Fourth Amendment to the U.S. Constitution and Article 1 § 11 of the Indiana Constitution, which are set out below, and understand those rights.

I hereby waive my right to object under the Fourth Amendment to the U.S. Constitution and Article 1 § 11 of the Indiana Constitution to searches of my person, residence, place of business, papers and effects and any place over which I have custody or control regardless of whether I share that custody or control with other persons, when conducted by representatives of the Forensic Diversion Program, members of the Forensic Diversion Team, Community Corrections staff, Probation Officers, treatment providers engaged in treatment with me through the Forensic Diversion Program, and police officers, irrespective of whether the search is supported by a warrant or reasonable and probable cause.

I hereby consent to search of my person, residence, place of business, papers and effects and any place over which I have custody or control regardless of whether I share that custody or control with other persons, when conducted by representatives of the Forensic Diversion Program, members of the Forensic Diversion Team, Community Corrections staff, Probation Officers, treatment providers engaged in treatment with me through the Forensic Diversion Program, and police officers, at anytime, without prior notice, and irrespective of whether there is a warrant or reasonable and probable cause to search.

This Waiver and Consent shall take effect upon my acceptance to the Forensic Diversion Program and continue in effect for so long as I am a participant in the Forensic Diversion Program.

The constitutional provisions read:

1. U.S. Constitution Amendment IV:

The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated and no warrants shall issue, but upon probable cause, supported by Oath or affirmation and particularly describing the place to be searched and the persons or things to be seized.

2. Indiana Constitution Article 1 § 11:

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable search or seizure, shall not be violated; and no warrant shall issue, bur upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the person or thing to be seized.

I voluntarily sign this Waiver and Consent without threats, promises or coercion of any kind. I fully understand the meaning of this Waiver and Consent.

Participant's Signature: _____ Date: _____

Printed:

Witness's Signature: _____